

FOR THE PERIOD STARTING APRIL 19____.

INDIVIDUAL STATE VEHICLE REPORT

MV-2A

YR/MAKE: _____ LIC #: _____ ADDED TO FLEET _____ AGENCY NAME: _____
 MODEL/BODY STYLE: _____ CHECK ONE _____ AGENCY CODE: _____ TELEPHONE: _____
 MFG. SERIAL #: _____ NEW() OR USED() PREPARED BY: _____
 LOCATION: _____ DATE ADDED: _____ DATE DISPOSED OF: _____
 FLEET/INVEN. #: _____

	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER
A. Nature Of Use						
B. Maintenance & Repair Costs						
C. Insurance Cost						
D. Total Fuel Cost						
E. Total Cost (B + C + D)						
F. Ending Mileage						
G. Beginning Mileage						
H. Total Mileage For Month (F - G)						
I. Gallons Of Fuel						
J. Miles Per Gallon (H ÷ I) (OPTIONAL)						

	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
A. Nature Of Use						
B. Maintenance & Repair Costs						
C. Insurance Cost						
D. Total Fuel Cost						
E. Total Cost (B + C + D)						
F. Ending Mileage						
G. Beginning Mileage						
H. Total Mileage For Month (F - G)						
I. Gallons Of Fuel						
J. Miles Per Gallon (H ÷ I) (OPTIONAL)						